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Paralegal/ National Stage Division

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| <input type="checkbox"/> PCT/IPEA/409 IPER: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU
<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____
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<input type="checkbox"/> NONE |
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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :
1. <u>3-1-06</u> 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract | <input type="checkbox"/> Information Disclosure Statement(s) Filed on :
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1. _____ 2. _____ |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Verified Small Status Statement 1. _____ |
| <input type="checkbox"/> Power of Attorney/ Change of Address | <input type="checkbox"/> Oath/ Declaration (executed)
<input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship |
| | <input checked="" type="checkbox"/> DNA Diskette <input checked="" type="checkbox"/> Sequence Listing |
| | <input type="checkbox"/> Other: _____ |

NOTES: ☐ I.A. used as Specification ☐ Other:

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent
Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923

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